

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

7954

-61-031149

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 31 1961

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis, Missouri.**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Osage**

c. CITY
OR
TOWN **Bland**

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **BARNES HOSPITAL**

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS **Rural Route No. 3**

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First
GLENN

Middle

E.

Last

SULLINGER

4. DATE
OF
DEATH

Month

August 25, 1961

Day

Year

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/7/1904

9. AGE (last birthday)
56

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Shoe Worker

10b. KIND OF BUSINESS OR INDUSTRY
Shoe Factory

11. BIRTHPLACE (City and state or country)
Missouri.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Elmer Sullinger

13b. MOTHER'S MAIDEN NAME

Addie Hitt

14. NAME OF HUSBAND OR WIFE

Mayme Sullinger,

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)
No

16. SOCIAL SECURITY NO.
Unknown

17. INFORMANT
Address
Mayme Sullinger, Bland, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Glioblastoma (malignant) of brain

INTERVAL BETWEEN
ONSET AND DEATH
3 wks.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

1930

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8/20/61** to **8/25/61** and last saw ^{her}him alive on **8/25/61**

Death occurred at **11:20** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Vermillion, M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

8/25/61

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

8/28/61

23c. NAME OF CEMETERY OR CREMATORY

College Hill Cemetery

23d. LOCATION (City, town, or county)

Bland, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.

AUG 26 1961

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 7 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Elmo R. Redwell

Licensed Embalmer No. 4077

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.